

RIVER ROAD

Park and Recreation District

PERMISSION SLIP

Check One

School Year Classes

- Playschool
- Preschool
- Prekindergarten
- ASAP
- Gymnastics

Camps

- Summer Daze
- Adventure
- Teen
- Gymnastics
- Spring Break
- Winter Break
- Babysitting

Permissions

- My child may walk or bike home.

- I give permission for my child to go off site for field trips or other activities.

- I want to **exclude** my child from any photos taken by representatives of the District intended for promotional use.

Child's Name _____

Gender M__ F__ Age _____ DOB: ____/____/____

Grade Next Fall _____ School _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Phone number(s) where you can be reached while your child is in our care:

Phone #1 _____ (H)___ C___ W___

Phone #2 _____ (H)___ C___ W___

E-mail _____

Emergency contact:

Name _____

Phone #1 _____ (H)___ C___ W___

Phone #2 _____ (H)___ C___ W___

Relationship to child _____

The following people are authorized to pick up my child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Authorization For Medical Treatment – I authorize River Road Park District to provide first aid or emergency medical care for my child while he/she is participating in any and all activities with the District. It is agreed that River Road Park and Recreation District will not be held responsible for any financial liability incurred in the provision of medical care. I understand the fee for any program/activity for which my child has been registered does not include insurance coverage. My child has no medical or emotional condition that may affect his/her ability to safely participate in District programs or activities. River Road Park and Recreation District is required by law to report any suspected signs of abuse or neglect of a child.

Parent/Guardian Signature: _____

Dated: _____

(Complete Back Side)

Please complete the following questionnaire to help us better provide a fun and safe environment for your child while in our care. We will try our best to address any medical or behavioral problems that may arise. If your child's safety or the safety of others due to non-disclosure arise, your child may be asked to be removed from our program(s). Please be completely honest while answering these questions as your child's well-being is our main concern.

Please describe your child's preferred likes/dislikes regarding group activities or interests : _____
_____.

List any object(s) or situation(s) that your child finds distressing or uncomfortable (i.e. crowds, noises, unfamiliar situations, etc.)
_____.

Does your child ever show aggression towards others (biting, kicking, hitting, spitting, etc.) or exhibit self-injurious behavior (i.e. biting, cutting, head banging)? _____.

Does your child flee/run away or have any sensory issues such as touch, light, or sound sensitivity? _____.

Does your child have difficulty transitioning from activities? _____.

Does your child respond to their name when called? Yes No

Does your child exhibit any compulsive behaviors (repetitive or tasks done in a certain order)? Yes No

Please describe any medical, physical or psychological behavioral needs that would be helpful to our staff in order to help us best support your child _____
_____.



Please discuss any of the listed concerns with the District's Youth Director if you feel your child's safety or the safety of others are at risk.

MEDICAL NEEDS

Has your child been given a medical diagnosis by a physician such as allergies, etc.? If yes, please describe and list any medications or supplements your child takes routinely. _____
_____.

Is there anything else you would like to share? Your child's preferred nickname, sibling names, pets or your child's favorite or special whatever ☺ ? _____
_____.

Thank you for taking the time to allow us insight into your child's world.

